

MDCR PHYSSUPP 7

Medicare Physicians/Suppliers: Utilization and Program Payments for Original Medicare Beneficiaries, by Berenson-Eggers Type of Service (BETOS) Classification, Calendar Year 2016

BETOS Classification	BETOS Code	Total Persons With Utilization	Services	Services Per Person With Utilization	Services Per 1,000 Original Medicare Part B Enrollees ¹	Allowed Charges	Allowed Charges Per Person With Utilization	Allowed Charges Per Original Medicare Part B Enrollee ¹	Total Program Payments	Program Payments Per Person With Utilization	Program Payments Per Original Medicare Part B Enrollee ¹
Total All BETOS Groups		33,713,195	1,302,030,613	38.62	38,618	\$135,530,361,705	\$4,020	\$4,020	\$103,805,895,495	\$3,079	\$3,079
Evaluation and Management											
Office Visits - New	M1A	16,452,616	28,765,788	1.75	853	\$3,655,730,230	\$222	\$108	\$2,575,973,708	\$157	\$76
Office Visits - Established	M1B	29,425,558	231,603,892	7.87	6,869	19,207,394,063	653	570	13,258,428,534	451	393
Hospital Visits - Initial	M2A	6,455,196	21,730,789	3.37	645	3,673,248,244	569	109	2,822,051,527	437	84
Hospital Visits - Subsequent	M2B	6,706,909	87,722,765	13.08	2,602	7,170,788,430	1,069	213	5,564,254,220	830	165
Hospital Visits - Critical Care	M2C	1,796,498	5,556,771	3.09	165	1,297,933,732	722	38	1,007,635,995	561	30
Emergency Room Visit	M3	10,303,616	21,418,681	2.08	635	2,923,086,237	284	87	2,218,831,976	215	66
Home Visit	M4A	573,643	2,648,750	4.62	79	314,253,420	548	9	230,782,385	402	7
Nursing Home Visit	M4B	2,797,215	31,045,930	11.10	921	2,635,482,184	942	78	1,979,396,116	708	59
Specialist - Pathology (HCPCS Moved to T1G in 2003)	M5A	2,035	2,065	1.01	0	106,829	52	0	80,584	40	0
Specialist - Psychiatry	M5B	2,038,899	17,459,078	8.56	518	1,489,618,421	731	44	1,121,509,188	550	33
Specialist - Ophthalmology	M5C	13,613,748	24,933,088	1.83	740	3,119,149,754	229	93	2,145,521,476	158	64
Specialist - Other	M5D	9,859,575	17,515,333	1.78	520	1,528,757,607	155	45	1,359,026,496	138	40
Consultations	M6	29,897	48,029	1.61	1	3,583,679	120	0	2,816,643	94	0
Procedures											
Anesthesia	P0	7,865,341	15,759,238	2.00	467	\$2,672,709,203	\$340	\$79	\$2,077,176,325	\$264	\$62
Major Procedure - Breast	P1A	202,655	356,353	1.76	11	204,633,744	1,010	6	158,308,884	781	5
Major Procedure - Colectomy	P1B	53,655	69,293	1.29	2	87,491,253	1,631	3	68,083,278	1,269	2
Major Procedure - Cholecystectomy	P1C	13,714	16,870	1.23	1	13,546,825	988	0	10,542,918	769	0
Major Procedure - Transurethral Resection of the Prostate (TURP)	P1D	75,392	83,056	1.10	2	70,609,654	937	2	54,670,000	725	2
Major Procedure - Hysterectomy	P1E	44,765	58,707	1.31	2	44,915,664	1,003	1	34,736,949	776	1
Major Procedure - Explor/Decompr/Excis Disc	P1F	172,819	287,891	1.67	9	251,634,701	1,456	7	194,954,983	1,128	6
Major Procedure - Other	P1G	1,882,561	3,384,937	1.80	100	2,689,073,767	1,428	80	2,082,499,508	1,106	62
Major Procedure - Cardiovascular-CABG	P2A	81,709	132,579	1.62	4	182,589,744	2,235	5	141,993,173	1,738	4
Major Procedure - Cardiovascular-Aneurysm Repair	P2B	66,438	76,506	1.15	2	51,808,404	780	2	40,370,256	608	1
Major Procedure - Cardiovascular-Thromboendarterectomy	P2C	47,824	63,861	1.34	2	55,360,021	1,158	2	42,998,919	899	1
Major Procedure - Cardiovascular-Coronary Angioplasty (PTCA)	P2D	228,515	254,104	1.11	8	166,431,072	728	5	129,132,182	565	4
Major Procedure - Cardiovascular-Pacemaker Insertion	P2E	235,481	255,702	1.09	8	169,015,309	718	5	131,544,164	559	4
Major Procedure - Cardiovascular-Other	P2F	1,760,301	2,809,943	1.60	83	2,085,999,705	1,185	62	1,622,016,166	921	48
Major Procedure - Orthopedic - Hip Fracture Repair	P3A	165,333	214,943	1.30	6	209,403,349	1,267	6	163,287,157	988	5
Major Procedure - Orthopedic - Hip Replacement	P3B	176,339	296,101	1.68	9	283,468,214	1,608	8	220,123,772	1,248	7
Major Procedure - Orthopedic - Knee Replacement	P3C	296,326	504,465	1.70	15	478,981,205	1,616	14	370,922,704	1,252	11
Major Procedure - Orthopedic - Other	P3D	740,473	1,178,795	1.59	35	1,234,610,607	1,667	37	956,615,148	1,292	28
Eye Procedures - Corneal Transplant	P4A	17,500	32,637	1.86	1	44,188,781	2,525	1	34,344,717	1,963	1
Eye Procedures - Cataract Removal/Lens Insertion	P4B	1,201,624	3,578,838	2.98	106	2,488,211,740	2,071	74	1,927,828,473	1,604	57
Eye Procedures - Retinal Detachment	P4C	513,427	1,023,455	1.99	30	249,208,460	485	7	190,980,299	372	6
Eye Procedures - Treatment Of Retinal Lesions	P4D	91,266	164,252	1.80	5	68,360,951	749	2	52,511,653	575	2
Eye - Other	P4E	1,851,562	5,372,960	2.90	159	1,211,338,371	654	36	926,050,361	500	27
Ambulatory Procedures - Skin	P5A	6,856,889	16,631,872	2.43	493	2,675,660,657	390	79	2,020,168,077	295	60
Ambulatory Procedures - Musculoskeletal	P5B	674,739	994,672	1.47	30	585,633,436	868	17	451,760,965	670	13
Ambulatory Procedures - Groin Hernia Repair	P5C	70,400	88,148	1.25	3	53,489,297	760	2	41,208,942	585	1

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Ambulatory Procedures - Lithotripsy	P5D	49,750	70,471	1.42	2	54,874,138	1,103	2	42,380,302	852	1
Ambulatory Procedures - Other	P5E	3,455,308	13,441,945	3.89	399	1,153,419,334	334	34	892,191,376	258	26
Minor Procedures - Skin	P6A	8,215,457	18,487,401	2.25	548	1,635,243,498	199	49	1,201,262,397	146	36
Minor Procedures - Musculoskeletal	P6B	6,874,740	16,317,435	2.37	484	1,585,031,090	231	47	1,191,560,506	173	35
Minor Procedures - Other (Medicare Physician Fee Schedule)	P6C	11,053,809	61,138,080	5.53	1,813	4,784,155,653	433	142	3,649,589,197	330	108
Minor Procedures - Other (Non Medicare Physician Fee Schedule)	P6D	273,067	303,715	1.11	9	38,600,862	141	1	30,884,458	113	1
Oncology - Radiation Therapy	P7A	331,087	4,740,791	14.32	141	1,561,149,831	4,715	46	1,214,318,046	3,668	36
Oncology - Other	P7B	603,824	3,506,249	5.81	104	419,055,129	694	12	321,460,676	532	10
Endoscopy - Arthroscopy	P8A	260,433	436,800	1.68	13	367,889,226	1,413	11	283,270,951	1,088	8
Endoscopy - Upper Gastrointestinal	P8B	1,876,189	2,875,781	1.53	85	615,733,755	328	18	471,923,147	252	14
Endoscopy - Sigmoidoscopy	P8C	128,291	167,874	1.31	5	18,732,398	146	1	14,218,261	111	0
Endoscopy - Colonoscopy	P8D	2,355,253	3,435,026	1.46	102	1,054,110,888	448	31	831,674,766	353	25
Endoscopy - Cystoscopy	P8E	1,043,639	1,676,366	1.61	50	439,546,078	421	13	333,924,176	320	10
Endoscopy - Bronchoscopy	P8F	323,666	422,012	1.30	13	110,456,781	341	3	85,581,605	264	3
Endoscopy - Laryngoscopy	P8H	548,678	796,537	1.45	24	109,710,339	200	3	82,108,035	150	2
Endoscopy - Other	P8I	749,904	1,168,227	1.56	35	406,916,501	543	12	311,591,957	416	9
Dialysis Services (Medicare Physician Fee Schedule)	P9A	449,500	5,419,655	12.06	161	1,066,275,577	2,372	32	825,254,106	1,836	24
Dialysis Services (Non Medicare Physician Fee Schedule)	P9B	4,326	5,545	1.28	0	2,307,058	533	0	1,743,530	403	0
Imaging											
Standard Imaging - Chest	I1A	14,792,964	35,551,525	2.40	1,054	\$396,188,921	\$27	\$12	\$297,824,943	\$20	\$9
Standard Imaging - Musculoskeletal	I1B	11,746,467	23,889,951	2.03	709	623,639,375	53	18	465,547,973	40	14
Standard Imaging - Breast	I1C	6,598,364	7,690,805	1.17	228	606,175,759	92	18	561,037,366	85	17
Standard Imaging - Contrast Gastrointestinal	I1D	1,071,282	1,379,392	1.29	41	141,062,150	132	4	129,833,172	121	4
Standard Imaging - Nuclear Medicine	I1E	3,957,740	5,385,723	1.36	160	1,214,280,897	307	36	936,857,696	237	28
Standard Imaging - Other	I1F	3,150,012	6,021,478	1.91	179	426,563,561	135	13	325,057,894	103	10
Advanced Imaging - CAT/CT/CTA: Brain/Head/Neck	I2A	4,483,424	7,081,063	1.58	210	384,919,029	86	11	288,756,886	64	9
Advanced Imaging - CAT/CT/CTA: Other	I2B	7,424,712	14,624,125	1.97	434	1,471,463,263	198	44	1,113,188,568	150	33
Advanced Imaging - MRI/MRA: Brain/Head/Neck	I2C	1,834,281	2,453,768	1.34	73	370,841,395	202	11	281,416,692	153	8
Advanced Imaging - MRI/MRA: Other	I2D	3,820,109	5,603,963	1.47	166	1,188,175,067	311	35	905,676,516	237	27
Echography/Ultrasonography - Eye	I3A	1,351,253	1,989,204	1.47	59	146,579,492	108	4	109,504,196	81	3
Echography/Ultrasonography - Abdomen/Pelvis	I3B	3,853,616	5,187,636	1.35	154	336,693,060	87	10	248,849,231	65	7
Echography/Ultrasonography - Heart	I3C	6,462,195	8,865,631	1.37	263	1,080,477,624	167	32	813,865,088	126	24
Echography/Ultrasonography - Carotid Arteries	I3D	2,259,903	2,573,235	1.14	76	290,317,395	128	9	217,071,444	96	6
Echography/Ultrasonography - Prostate, Transrectal	I3E	190,314	224,235	1.18	7	17,873,717	94	1	13,612,373	72	0
Echography/Ultrasonography - Other	I3F	5,779,527	9,507,725	1.65	282	709,653,656	123	21	531,980,754	92	16
Imaging Procedure - Heart Including Cardiac Catheter	I4A	5,314	5,493	1.03	0	122,646	23	0	95,618	18	0
Imaging Procedure - Other	I4B	2,127,077	4,499,531	2.12	133	410,402,264	193	12	317,288,019	149	9
Tests											
Lab Tests - Routine Venipuncture (Non Medicare Physician Fee Schedule)	T1A	18,146,925	55,222,084	3.04	1,638	\$173,218,965	\$10	\$5	\$169,239,587	\$9	\$5
Lab Tests - Automated General Profiles	T1B	16,446,237	38,367,558	2.33	1,138	416,321,341	25	12	406,983,389	25	12
Lab Tests - Urinalysis	T1C	10,246,395	19,812,740	1.93	588	74,645,362	7	2	72,755,057	7	2
Lab Tests - Blood Counts	T1D	14,778,738	34,813,771	2.36	1,033	355,410,058	24	11	347,294,103	23	10
Lab Tests - Glucose	T1E	1,705,134	3,868,875	2.27	115	22,915,092	13	1	20,434,952	12	1
Lab Tests - Bacterial Cultures	T1F	3,883,294	6,840,603	1.76	203	124,458,113	32	4	121,816,905	31	4
Lab Tests - Other (Medicare Physician Fee Schedule)	T1G	8,749,995	16,439,597	1.88	488	1,966,015,223	225	58	1,502,864,736	172	45
Lab Tests - Other (Non-Medicare Physician Fee Schedule)	T1H	20,602,582	87,095,640	4.23	2,583	4,478,125,100	217	133	4,337,130,642	211	129

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Other Tests - Electrocardiograms	T2A	13,709,365	30,756,195	2.24	912	376,209,685	27	11	274,731,241	20	8
Other Tests - Cardiovascular Stress Tests	T2B	2,345,837	2,664,890	1.14	79	132,621,176	57	4	100,357,116	43	3
Other Tests - EKG Monitoring	T2C	1,970,706	3,270,595	1.66	97	369,157,058	187	11	279,607,400	142	8
Other Tests - Other	T2D	10,638,402	22,958,825	2.16	681	2,057,206,580	193	61	1,543,434,648	145	46
Durable Medical Equipment											
Med/Surg Supplies	D1A	451,913	1,067,485	2.36	32	\$299,579,395	\$663	\$9	\$232,370,826	\$514	\$7
Hospital Beds	D1B	271,453	1,329,934	4.90	39	85,720,766	316	3	63,045,814	232	2
Oxygen and Supplies	D1C	1,222,827	10,552,409	8.63	313	1,032,195,504	844	31	765,691,184	626	23
Wheelchairs	D1D	660,010	3,455,519	5.24	102	588,694,707	892	17	450,882,263	683	13
Other Durable Medical Equipment	D1E	6,322,093	30,507,578	4.83	905	2,628,554,304	416	78	1,988,325,165	315	59
Prosthetic/Orthotic Devices	D1F	3,207,843	6,195,700	1.93	184	2,708,425,148	844	80	2,085,027,677	650	62
Drugs Administered Through Durable Medical Equipment	D1G	1,052,460	4,142,049	3.94	123	863,250,487	820	26	668,688,376	635	20
Other											
Ambulance	O1A	5,014,761	13,829,058	2.76	410	\$6,250,845,431	\$1,246	\$185	\$4,850,924,825	\$967	\$144
Chiropractic	O1B	2,032,701	20,619,379	10.14	612	748,647,343	368	22	532,529,938	262	16
Enteral and Parenteral	O1C	101,142	1,033,049	10.21	31	455,417,621	4,503	14	353,912,490	3,499	10
Chemotherapy	O1D	360,546	2,096,538	5.81	62	3,135,534,218	8,697	93	2,436,574,495	6,758	72
Other Drugs	O1E	8,384,816	29,777,767	3.55	883	13,494,535,429	1,609	400	10,463,024,589	1,248	310
Hearing and Speech Services	O1F	1,762	15,167	8.61	0	1,603,544	910	0	1,224,005	695	0
Immunizations/Vaccinations	O1G	15,026,631	18,519,685	1.23	549	1,618,817,878	108	48	1,570,941,399	105	47
Exceptions/Unclassified											
Other - Medicare Fee Schedule	Y1	2,651,145	5,576,904	2.10	165	\$391,540,528	\$148	\$12	\$300,894,426	\$113	\$9
Other - Non-Medicare Fee Schedule	Y2	1,467,273	10,114,635	6.89	300	94,506,365	64	3	91,612,482	62	3
Undefined Codes	Z2	844	854	1.01	0	44,913	53	0	35,020	41	0

¹The Original Medicare Part B enrollee count in 2016 was 33,715,448.

NOTES: Counts and amounts may not sum to totals because of rounding. The 'persons with utilization' counts do not add to the total because beneficiaries may be counted in more than one BETOS classification during the reported year.

SOURCE: Centers for Medicare & Medicaid Services, Office of Enterprise Data and Analytics, CMS Chronic Conditions Data Warehouse.